

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G-C		08-16-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H8	JC-916	09-05-01
RESPONSE FORMALITY REVIEW	Request	925	03-21-02

# INDEX OF CLAIMS

< ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	11/30/02
2	5/5/03
3	1/17/04
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Claim	Date
Final Original	
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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9/6/4-21

851  
3/12/12

3/5/06